

# MARIAN UNIVERSITY

Indianapolis®

## OFFICE OF CONFERENCE AND EVENTS REQUEST FOR WAIVER OF FEES

Name of Client/Event: \_\_\_\_\_

Event Date(s)/Time(s): \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Event location(s): \_\_\_\_\_

Describe facility set up needs (ie banquet rounds for 100): \_\_\_\_\_

Facility Rental Fee: \$\_\_\_\_\_ (provided by Office of Conferences & Events)

Amount Waived: \$\_\_\_\_\_ (to be completed by V.P. of Marketing Communications)

***Please note: Regardless of the waiver of facility rental fees, all clients must pay out of pocket expenses, including set up fees, security/hostess fees, and all catering & bar fees by ARAMARK/Classic Fare Catering.***

### Person Requesting Waiver:

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Please describe the immediate and long term financial or other benefit to Marian University that would justify the requested waiver of fees. Please be specific (e.g. as a result of our partnership with this organization, we have admitted 10 students to Marian in the last 3 years):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waiver Request Approved by:  
Department Chair/Supervisor:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

**Provost/Executive Vice President for Academic Affairs (Faculty) OR Vice President for Finance and Business Operations (Staff):**

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**(Name)**

**(Date)**

**Vice President of Administration & General Counsel:**

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**(Name)**

**(Date)**

**ALL SIGNATURES ARE REQUIRED FOR APPROVAL OF WAIVER.**

*Updated May 2016*